

H.B. No. 5037
AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM
ENDING JUNE 30, 2023

To: Members of the Education and Appropriation Committees

RE: Support of funding for the State of Connecticut Birth to Three Program

The New England Center for Hearing Rehabilitation (NECHEAR) is a Deaf and Hard of Hearing (D/HH) program that is contracted with the state of Connecticut to provide direct services to the families of children diagnosed with hearing loss. Birth to Three programs, especially those that provide specialized services, require an increase in funding to continue to fulfill IDEA Part C obligations.

Birth to Three in Connecticut has not had a cost of living increase since 2013, and funding for the programs providing service has remained flat for five years. This stagnant pay structure has resulted in an inability to hire qualified professionals or increase wages for current providers. As a result, there is a shortage of providers in parts of the state. In order to make D/HH services more equitable throughout Connecticut, more funding is vital.

The Covid-19 pandemic affected every person and business. Clearly, there was a negative effect on the ability to provide in-person services to the population we serve. While other groups and organizations received emergency funds, Birth to Three was not allocated any ARPA funding despite the need for immediate PPE and increased technology to continue services. Throughout the pandemic, the D/HH programs continued to safely ensure that infants and toddlers received hearing technology and supports critical to their development, which meant direct contact, with no extra compensation. These professionals should be applauded, and the Connecticut legislation should support them through increased funding.

The research is clear and not in debate: Early Intervention for infants and toddlers who are D/HH is best practice and reduces costs to the state long term. The Joint Committee on Infant Hearing (JCIH) states that infants that do not pass their newborn hearing screening be tested and diagnosed by one month, fit with hearing aids by three months, and begin specialized early intervention no later than six months. This can only be accomplished with stable Birth to Three programs and highly qualified professionals. Increasing the Birth to Three budget is critical to continue to provide nationally accepted, evidence-based services to children who are D/HH and their families.

Other states, including Massachusetts and Virginia, have increased funding to their Birth to Three program and we ask that Connecticut do the same. The Education and Appropriation Committees have an opportunity and, in our opinion, duty, to ensure that Connecticut Birth to Three remains an effective, high-quality program for our youngest and neediest population. We hope that you will support increased funding for the Connecticut Birth to Three program.

Respectfully submitted,

Jennifer Cox and Kristin Dilaj
Co-Directors
NECHEAR
354 Hartford Turnpike
Hampton, CT 06247